

Reimbursement for Financial Case Management (FCM) Activities

The purpose of FCM is to ensure that families are provided with an overview of health care financing options and that they are assisted with the collection and review of pertinent information related to their private and/or public insurance benefits. This process assists families in making informed decisions about the utilization of these benefits to fund IFSP identified services, as well as to assist families in their long-term planning of their child's continuing needs.

FCM is a service provided with the family. The Service Coordinator should not complete any forms independently and does not make decisions or recommendations to the family about accessing coverage.

The following forms, when completed with an eligible child's family, are reimbursable under FCM:

- 1) Private Medical Insurance Consent Form-to be completed prior to the annual IFSP meeting or if there is a change in family status
- 2) Private Medical Insurance Supplement-annually for the IFSP review and when the family experiences changes in their health insurance coverage

Ongoing Service Coordinators may seek a **maximum** reimbursement of \$30.30 for 30 minutes of FCM per IFSP year for the above activities when completing these forms for the annual IFSP review. If the family experiences changes with their private health insurance coverage, a new consent form and medical insurance summary form should be completed for an **additional** reimbursement of up to \$30.30 for 30 minutes. Documentation to support billing for these activities must include a face-to-face summary form signed by the child's parent reflecting a minimum of 15 minutes of face-to-face contact.

- 3) Completing a new Hoosier Healthwise and/or CSHCS application(s) due to a change in family status (i.e. child receives a new diagnosis, family income decreases) is also billable under FCM. Service Coordinators may be reimbursed for time documented face-to-face for completing a Hoosier Healthwise application not to exceed 30 minutes (\$30.30) and up to an additional 30 minutes (\$30.30) for new CSHCS applications.
- Service Coordinators will submit a Request for Authorization form to the SPOE requesting reimbursement for FCM activities
 - Intake Coordinators will not bill for FCM activities.
 - Billing will not distinguish between on and off-site.

Non-billable activities include: (The activities below are considered FCM. However, they are not billable activities under FCM. They may be considered as a contact.)

- Completion of Cost Participation forms (Financial Deduction Worksheet and Co-payment Form)
- Reviewing available public and private healthcare insurance supports and services (ICHIA, Medicaid Disability, Waivers, CSHCS)
- Completing or assisting with SSI, Medicaid Waiver, WIC, or Food Stamp applications
- Changes made to the Family Information Update Form, including increase or decrease in income
- Gathering or providing verbal or written information to families about various community resources (WIC, SSI benefits)
- Reviewing the First Steps Explanation of Benefits

Reimbursement for IFSP Development

Which Includes:

- Initial Eligibility/IFSP Meeting
- 6 Month Review
- Annual Eligibility/IFSP Meeting
- Transition Meeting First Steps
- Other Planned Review

This reimbursement is based upon 15 minutes of documented face to face activity. The maximum rate is \$15.15 per 15 minute period and does not distinguish between on and off-site. This rate includes the activities listed below for all IFSP meetings. Authorizations for these meetings are limited to 2.5 hours per meeting, or a maximum of 7.5 hours per IFSP year.

Initial Eligibility/IFSP Meeting

In order to bill for this meeting, the following activities must occur:

- The Service Coordinator must meet face to face with the family to complete the Family Interview (see attachment A) prior to the date of the Initial Eligibility/IFSP meeting.
- The Service Coordinator must review pertinent documentation and actively participate (i.e. take meeting minutes, complete Service Coordination Worksheet and discuss Service Coordinators role , begin transition page) in the Initial Eligibility/IFSP meeting.

6 Month Review - Annual Eligibility/IFSP Meeting - Transition Meeting/Or Other Planned Review

In order to bill for these meetings, the following activities must occur:

Prior to the Meeting:

- Coordinate and schedule the meeting with the family and team
- Prepare and disseminate a 10 day prior written notice to all team members
- Process Requests for Authorization for additional assessments, if needed

During the Meeting:

- Facilitate the IFSP team discussion
- Insure completion of meeting minutes and other pertinent paperwork

After the Meeting:

- Process Requests for Authorization for all providers and or E.D. Team members in attendance
- Copy and disseminate all meeting paperwork to the family, team and other individuals (at the parent's request) for which a release has been obtained.
- Process E.D. Team ongoing Authorizations

Pre-IFSP Meeting activities that may be considered a contact will be discussed in the next section

Monthly Contacts

In order to bill and be reimbursed for a "contact", documentation of encounters within that calendar month must be maintained in the service coordinator's clinical files. Billing and reimbursement may occur for 2, 3 or 4 contacts per calendar month.

Each contact must represent a **minimum of 15 minutes of activity related to a specific issue**. It is also acceptable to combine activities that are related to equal a minimum of 15 minutes.

Direct face to face contact with the family must be documented at minimum of once per quarter. Any planned review of the IFSP would satisfy the requirement of face to face contact.

Billable services under ongoing monthly contacts include the following 4 areas of activity. A task completed may span multiple areas of the activities listed below. (For example, informing families of their procedural safeguards)

Note: These are not all inclusive

1. Assessment of client needs - Identification of the child's medical, social and educational needs through personal contact.
 - Family Interview/Exit Interview
 - Arranging specialty assessments
 - Identification of resources (community, state, national)
2. Coordination/Advocacy - The process of facilitating the child and family's access to services and resources as identified in the IFSP.
 - Referral on behalf of the family
 - Attendance at a Case Conference Committee meeting
 - Providing family with resource information
 - Parent to parent support/networking
3. Monitoring of the IFSP - Putting the IFSP into action and assessing the progress toward meeting the outcomes written in the plan.
 - Monitor IFSP as well as transition timelines.
 - Home visit to discuss outcome progress
 - Reviewing quarterly reports from Early Intervention Team
 - Home visit to observe therapy and discuss progress toward outcomes
4. Modification of the IFSP - Adding, increasing, decreasing or terminating services on an existing IFSP
5. Evaluation of the IFSP - This is the process of full evaluation of an existing IFSP including re-determination of eligibility. This category includes activities conducted with families in preparation for the Eligibility/IFSP review.

Pre-IFSP Meeting:

- ❖ Planning the IFSP meeting: who would the family like to invite, the location of the meeting
- ❖ Reviewing current IFSP outcomes and discussing new outcomes based on the family's concerns

- ❖ Begin reviewing various sections of the IFSP such as: demographic information, natural environments, assessment of family priorities, concerns and resources, parents statement of the child's performance in all areas of development
- ❖ Transition considerations
- ❖ Completion of the Family Update Form
- ❖ Completion of the Physician's Health Summary
- ❖ Completion of the Medical Insurance Supplement (see Financial Case Management billing section)
- ❖ Obtaining new Reciprocal and CRO Releases for the annual review
- ❖ Other Activities that are deemed necessary for meeting preparation

**Each contact must represent a minimum of 15 minutes of activity related to a specific issue.
What constitutes an issue??**

An issue pertains to a given subject which requires an action.

Subjects may include:	Action:
Transition	Discussion
Team Communications	Telephone calls to Providers/Family
Resources	Providing Information on Waivers
Child's Development	Obtaining Assessment Information
Outcomes	Review Outcomes with Family
Change to the IFSP	May result in 2 contacts: (1) Completion of the Change Page (2) Written notice that a change has been made to the IFSP
Assistive Technology	Completing/Processing an AT Request
Report Review	Reading, reviewing quarterly reports
Health and Diagnosis	Letter written to request medical records
Maintain the E.I. Record	Review Early Intervention file to insure it is complete (1 contact per quarter only)

Non Billable Activities include:

- ✚ Time spend documenting activities
- ✚ Newsletters/Mass Mailings
- ✚ Updating your Provider Matrix
- ✚ Fundraising activities
- ✚ Parent social gatherings